

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041601

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 17 1963

1003

10202

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, | | c. CITY OR TOWN St. Louis, | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital | | d. STREET ADDRESS (If outside, give location) 6038 Horton Place | |
| 3. NAME OF DECEASED (Type or print) First Middle Last HAROLD E HUGHES | | 4. DATE OF DEATH Month Day Year 10 12 63 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-4-1914 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Emerson Elec. Co. | |
| 11a. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Earl Hughes | | 13b. MOTHER'S MAIDEN NAME Leona Tobin | |
| 14. NAME OF HUSBAND OR WIFE Doris Schelkle Hughes | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. Doris Hughes, 6038 Horton Place | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FAR-ADVANCED LUNG CANCER DUE TO (b) DUE TO (c) 163X | | INTERVAL BETWEEN ONSET AND DEATH 6 MOS. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from MAY 1963 to 10/11/63 and last saw him alive on 10/11/63 Death occurred at 1:45 PM 10/12/63 on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Richard W. Gore M.D. | | 22b. ADDRESS 52 Maryland Plaza | |
| 22c. DATE SIGNED 10/13/63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 15, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis, Missouri | | 23e. DATE RECD. BY LOCAL REG. OCT 14 1963 | |
| 24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Bl. | | 25. REGISTRAR'S SIGNATURE Road Smith. M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richard W. Yore
#52 Maryland Plaza
PO 1-4010

FILE IN CITY

RECEIVED 11:11 PM

818

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Melman

Licensed Embalmer No.

4186

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.